



Chicago Federal Executive Board/SkillPath Training Registration Form

Sessions begin promptly at 9:00 a.m. (8:30 check-in) and end at 4:00 p.m. We ask that you please be on time and that you do not leave during the session or before the session ends.

Date of Seminar: _____		Title of Seminar: _____	
Name of Attendee: _____		Title: _____	
Agency Name, Address and Telephone Number: _____ (_____) _____		E-Mail: _____	
		Supervisor: _____	
Payment Methods:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Check - Check No: _____
			Payable to: Chicago Federal Executive Board
Credit Card Number: _____	Name on Credit Card: _____		
Expiration Date: _____	Card Holder E-Mail: _____		
	Card Holder Phone Number: _____		
Credit Card Billing Address:	Address Line 1: _____		
	Address Line 2: _____		
	City, State, Zip: _____		
Billing Contact: (if not paying by credit card)	Name: _____		
	E-Mail: _____		
	Phone Number: _____		
Amount: \$ _____	Purchase Order # (if applicable): _____	Authorization Code (if applicable): _____	
FEB Tax ID number is 80-0344753	Registration Cost: Registration is \$58.00 and begins upon receipt of this email and will continue to be accepted until <u>enrollment capacity is reached</u> .		

Please return completed form:

- by e-mail to ChicagoFEB@GSA.Gov
- by fax to (312) 353-3058
- by surface mail: Chicago Federal Executive Board, 230 S. Dearborn, Suite 3770, Chicago, IL 60604

Please make checks payable to "Chicago Federal Executive Board"

Cancellation/Substitution Policy: Understanding that unforeseen circumstances may preclude an individual from attending, refunds will not be made once an employee is registered. **However, we encourage agencies to find another individual who is able to attend the course that cannot be attended by the originally registered employee.**